

ORAL HYGIENE GUIDELINES



PREVENTING DENTAL DISEASE IN PEOPLE
WITH SPECIAL HEALTH CARE NEEDS



Washington State
Department of Social
& Health Services

Division of Developmental Disabilities
Medical Assistance Administration

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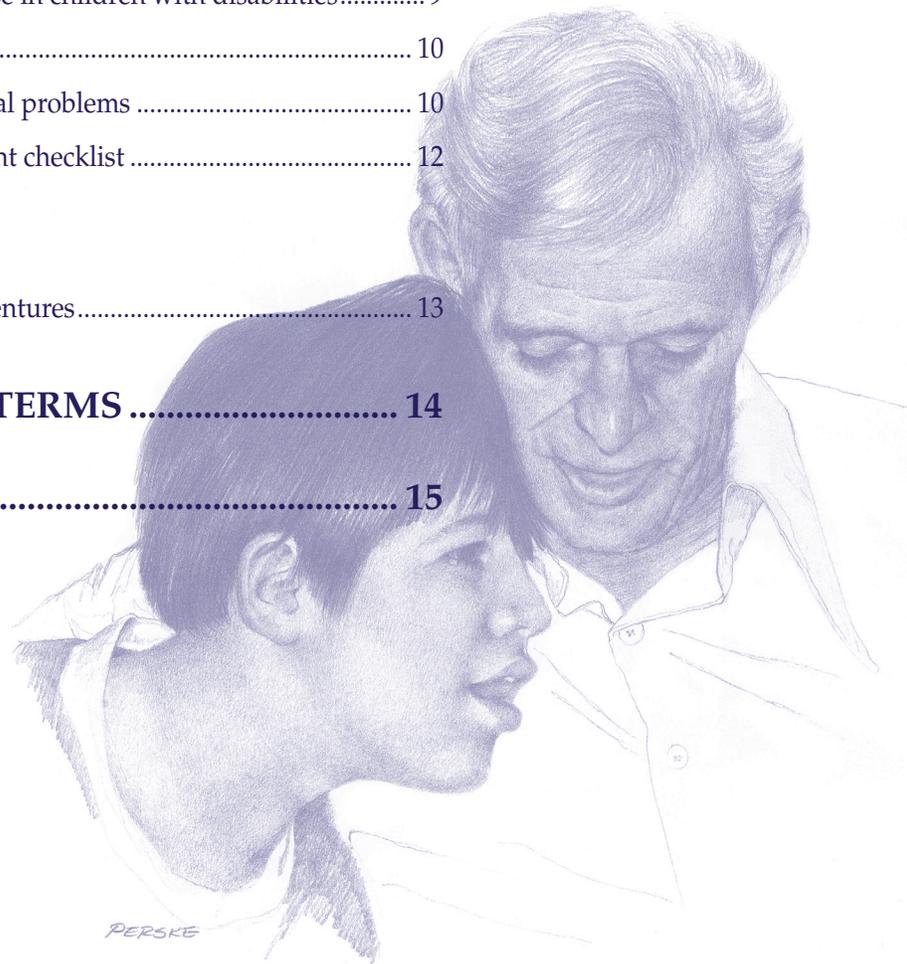
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WHAT IS THE ORAL HYGIENE PROGRAM?

The Division of Developmental Disabilities (DDD) has been offering an oral hygiene program on a statewide basis for over twenty years. The Oral Hygiene Program offers training and information regarding the prevention of dental disease and referrals to dental professionals, as appropriate, for people with developmental disabilities. The program is provided at no expense for people with developmental disabilities living in Washington State. DDD covers the cost of subcontracting with dental hygienists in local communities to provide training, education, and toothbrushes.

The preventive program offers:

- Dental education for children and adults with developmental disabilities
- In-service training for caregivers, families and friends
- Toothbrush storage check

People with developmental disabilities have a high incidence of periodontal/gum disease. The DSHS Medical Assistance Administration pays for an oral prophylaxis/teeth cleaning up to three times per year. Once a person with a developmental disability has been diagnosed with periodontal disease, he/she can have teeth cleaning several times per year depending upon individual need. Dental hygienists licensed in the State of Washington are available to provide preventive oral hygiene care, which can include:

- Oral Prophylaxis (scaling, curettage, etc.)
- Oral Evaluation (screening, probing, etc.)
- Oral Hygiene Instructions
- Topical fluoride
- Nutritional Counseling
- Sealants

The training guidelines in this booklet are intended to support individuals, families, and caregivers in improving the oral health of children and adults with developmental disabilities. If you have any questions or need more information on positive behavioral techniques to improve self-help skills, please call the DDD Oral Hygiene Program at 360-902-8475.

To assist in dental education, a video is available to check out free of charge for two weeks from the DDD Oral Hygiene Program. The video is also available for purchase. The video has three sections:

“Great Gums, Tough Teeth” – a training video for staff working with people with developmental disabilities

“Super Smiles” – an educational video for parents and families of persons with developmental disabilities

“Crack Down on Plaque” – an educational video for people with developmental disabilities

HOW CAN WE FIND OUT MORE?

For assistance in finding dental and oral hygiene information, contact the dental hygienist in your community or contact:

Connie Mix Clark, RDH
DSHS/Division of Developmental Disabilities
Dental Program
PO Box 45310
Olympia, WA 98504-5310

360-725-3455
360-407-0955
clarkcl@dshs.wa.gov

COMMUNITY BASED DENTAL HYGIENISTS ON CONTRACT

REGION 1

CHELAN, DOUGLAS, OKANOGAN COUNTIES

Laurie Roy, RDH
Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
509-886-6400
Laurie.Roy@cdhd.wa.gov

REGION 2

BENTON, FRANKLIN, SPOKANE, WALLA WALLA, YAKIMA COUNTIES

Jackie Kondo, RDH
The Tooth Fairy's
8712 1/2 East Maringo Drive
Spokane WA 99212
509-535-8760

REGION 3

WHATCOM, SKAGIT & SNOHOMISH COUNTIES

Cecily Fosso, RDH
Preventive Dental Services, Inc.
809 W. Orchard Dr. Suite 5
Bellingham WA 98225
pdsi@openaccess.org

REGION 4

KING COUNTY

Peg Terp, RDH
Cynthia Fuller, RDH
DDD Dental Program
1404 S. Central Ave., Suite 101
Kent WA 98032-4586
206-296-4586
cynthia.fuller@metrokc.gov

REGION 5

PIERCE COUNTY

Pat Horn, RDH
Pierce County DDD
Dental Program
1803 W. Main
Puyallup WA 98371-5201
1-800-347-3169 #2
pmhorn@seanet.com

REGION 5 & 6

KITSAP, GRAYS HARBOR, MASON, THURSTON COUNTIES

Lana Poole, RDH
DDD Dental Program
221-20th Ave. SW
Olympia WA 98501-2807
360-943-3583
lanapoole@msn.com

REGION 6

CLARK, COWLITZ, KLICKITAT, SKAMANIA COUNTIES

Melody Scheer, RDH
SW Washington Health District
2000 Fort Vancouver Way
Vancouver, WA 98663
360 397-8215 Ext. 3078
melody.scheer@clark.wa.gov

CLALLAM, JEFFERSON COUNTIES

Cyndi Newman, RDH
Olympic Community
Action Program
228 W. First St. Suite J
Port Angeles, WA 98362
306-452-4726
cnewmanrdh@tenforward.com

SUPPORT GROUPS

American Dental Association
Special Care Dentistry
401 N. Michigan Ave.
22nd Floor
Chicago, Illinois 60611
312-527-6764
scd@scdonline.org

American Dental Hygienists
Association
444 N. Michigan Ave., Suite 3400
Chicago, Illinois 60611
800-243-ADHA (2342)
www.adha.org

Association for the Rights of
Citizens with Developmental
Disabilities
2501 Avenue
Arlington, Texas 76006
800-433-5255
www.arc.org

The ARC of Washington
1703 State Avenue NE
Olympia, WA 98506
360-357-5596
www.arcwa.org

DECOD - Dental Education for
Care of People w/ Disabilities
University of Washington
Box 356370
Seattle, WA 98195-6370
206-543-4619
Dental Provider Website
www.dental.washington.edu/
disability

Washington State Dental
Association
2033 Sixth Avenue
Seattle, WA 98121
206-448-1914
www.wsda.org

Washington State Dental
Hygienists Association
PO Box 389
Lynnwood, WA 98046-0389
www.wsdha.com

GENERAL INFORMATION

People with disabilities are often more likely to have dental disease. Regular professional cleanings and dental treatments are important for preventing dental problems. People with disabilities may require more frequent dental visits and cleanings than non-disabled individuals (up to four times per year depending on the person's needs). The dental professional can advise you about the person's needs, including nutrition, oral hygiene/cleaning the teeth at home, and additional protection against decay by using fluorides and sealants, which are very effective against cavities. A daily routine of preventive oral care and regular professional checkups can help a person have good oral health.

CHECKLIST FOR FINDING THE RIGHT DENTAL OFFICE

Finding the "right" dental office is important for good dental care. The dental office that you select should be "prevention oriented." Dental offices usually have a registered dental hygienist who specializes in preventing gum disease and tooth decay.

Some dentists are specially trained to treat people with disabilities. Call your local dental society (the number will be in the phone book) for a dentist near you who provides care for people with special health care needs.

Before visiting the dental office, you may want to ask some or all of the following questions about accessibility and available assistance:

- What is the exact location of the office?
- Is public transportation available?
- How accessible is the dental office for a person who is in a wheelchair or a hospital bed?
- Is assistance available if help is needed when arriving or leaving?

Make your decisions based on the person's reactions; the actions of the dentist, dental hygienist, and other personnel in the office; and your level of satisfaction. Does the dentist/hygienist:

- Allow time for the person to look around and become comfortable?
- Calm the person by using a pleasant, reassuring voice?
- Speak in simple language and terms?
- Introduce actions, instruments, and procedures slowly?
- Provide motivation for oral hygiene at home?
- Appear confident in his or her approach with the person?

The dental hygienist or dentist should take complete medical and dental health histories on the patient. They need to know if the person is currently under a physician's care and what medications he or she is taking.

The person should then be given a thorough head and neck examination. This exam will include the person's teeth and gums. X-rays will be taken if necessary.

The dental staff should practice infection control precautions for all patients by wearing gloves, protective eyewear, and masks.

Before any treatment is started, you should be told what was found during the exam, what treatment will be needed, and approximately how much it will cost. This is a good time to ask questions and voice any concerns.

The dentist or hygienist should spend some time during the appointment discussing ways to improve the person's oral health. This may include techniques for more effective brushing and flossing, nutritional counseling, the use of fluorides and sealants, and the selection of other appropriate dental care products.

TIPS FOR PLANNING SUCCESSFUL DENTAL VISITS

MAKING APPOINTMENTS

- When the office is first contacted, inform the dentist if special considerations are required (e.g. congenital heart problems, wheelchair, fear, etc.)
- Schedule visits at times when the person is least tired and irritable.
- Call the office before you leave for your appointment to check the schedule, this can avoid unnecessary waiting.
- Arrive on time.
- Be organized (i.e. maintain an appointment calendar and book listing the names, addresses, and phone numbers of health professionals and services used by the person).
- Request information about costs and options for payment (e.g. special forms).

AT THE OFFICE

- Don't be embarrassed about the person's disability or special behavior. You have a right to such services.
- Share your feelings and concern.
- Provide specific and complete information (list medical problems, medications, special needs)

- Discuss information, advice, or procedures provided by others (e.g. occupational therapist, speech therapist, medical specialists).
- Ask questions about terms or procedures that you do not understand.
- Follow the dentist's guidelines (some dentists prefer you remain in the waiting room).
- Provide information about previous actions or procedures which have been successful (or unsuccessful) with the person.

DAILY CARE GUIDELINES

PEOPLE ARE KEEPING THEIR TEETH LONGER...AS LONG AS A LIFETIME!

Tooth decay and gum disease are common problems for children and adults.

Normal bacteria that live in the mouth can cause tooth decay, sensitive teeth, and gum disease. The normal bacteria in the mouth uses sugar from the foods we eat as their food, and produce acid as a by-product. This acid destroys the tooth, causing decay and gum irritation (gingivitis). As people get older, their gums recede and the roots are exposed so they can also get decay along the gum line.

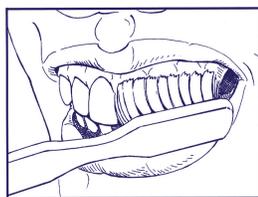
HAND WASHING

Hand washing is an important first step in infection control. Thorough hand washing helps reduce bacteria on the hands and prevents contamination.

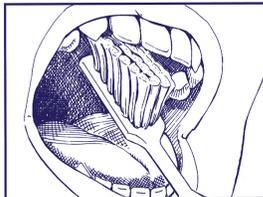
To protect clients as well as caregivers, gloves should be worn while working in another person's mouth brushing and flossing their teeth. Hands should be washed before putting on gloves. If a person has a cut or an abrasion on the hand, a Band-Aid or first aid tape should be put over the cut before the gloves are put on. Change gloves between every person.

Toothbrushing and gumbrushing should occur twice per day, preferably once in the morning and once at night. A small toothbrush with a compact head and soft polished bristles should be used to brush the teeth and gums. The brush and a small amount of toothpaste may be used once per day. At least one other time during the day the gumline (gingival sulcus) should be brushed gently to remove the plaque and stimulate the tissue. Establish a brushing sequence and make small, circular motions along the gumline.

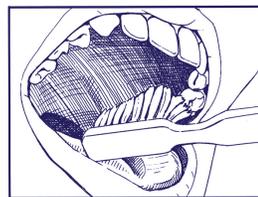
STEP-BY-STEP BRUSHING



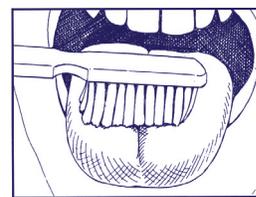
Place toothbrush bristles at the gum line, at 45-degree angle to gums. Press gently and use short strokes with vibrating back and forth, or light scrubbing motion.



Reposition brush vertically to clean inside surfaces of front teeth, upper and lower.



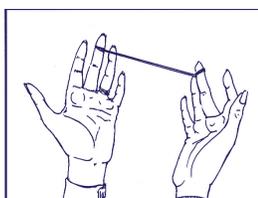
Start with upper teeth, brushing outside, inside, and chewing surfaces. Do the same for lower teeth. Be sure to brush each tooth.



To freshen breath, brush tongue too, as tongue can harbor many bacteria.

The tongue should also be brushed using no toothpaste. Replace your toothbrush every one to three months or as soon as it shows wear.

STEP-BY-STEP FLOSSING



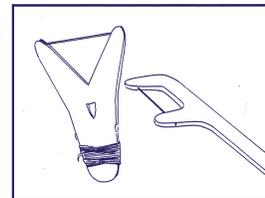
Take an 18-inch piece of floss and wind it around middle finger of each hand. Or tie ends together in a circle.



Grasp floss firmly between thumb and index finger of each hand. Hold half-inch section taut for more control. Work it gently between teeth until it reaches gumline.



Curve floss into C-shape around tooth. Slide floss up and down side of tooth gently. Remove floss gently and repeat for all teeth. Take care not to injure gums with floss.



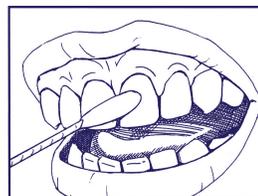
Flossing requires some degree of coordination and takes practice. It may help to use a floss holder.

Flossing should be done once per day. Plaque is a sticky substance that sticks to the teeth and must be flossed off in the areas the brush cannot reach. Place the floss between two teeth, wrap it around one tooth, then pull the floss along the tooth structure and actually scrape the plaque off.

STEP-BY-STEP RINSING



Person takes recommended dose of fluoride rinse (usually a capful), swishes it around mouth for 60 seconds, and rinses out, taking care not to swallow it.



If the individual is unable to rinse without swallowing, use cotton swab or toothbrush to place a little fluoride rinse on the person's teeth. Your dental professional may also recommend a prescription fluoride gel treatment.

Topical Fluoride is an important part of daily oral hygiene. After the plaque has been removed from the teeth and gums by brushing and flossing, the teeth should be exposed to fluoride. Rinsing with a fluoride mouthrinse for one minute or applying the mouthrinse along the gumline with a brush can do this. The measured amount of fluoride can be put in a cup, then dip the brush into the rinse and apply it along the gumline of all the teeth.

A person cannot get too much topical fluoride and fluoride has been found to be helpful in many ways. When fluoride is ingested during tooth development, fluoride becomes part of the enamel and has been found to be more resistant to decay and tooth sensitivity. Topical fluoride also helps resist acid attacks to the teeth and gums by interfering with plaque making acid. There is ongoing research on the additional benefits of fluoride for children and adults (e.g. prevention of osteoporosis).

PREVENTING DENTAL DISEASE IN CHILDREN WITH DISABILITIES

Every child can have healthy teeth and gums. Children with disabilities are no exception. This information will help you understand dental disease and how to prevent it with proper oral care. It focuses on the particular problems and needs of children with disabilities. Use these simple, step-by-step instructions for helping the child practice daily oral hygiene.

Good oral health is an important part of a child's total health. Children with good, strong teeth are able to chew a wider variety of foods for healthy nutrition. Healthy teeth aid in speech development by helping children make the proper sounds for speaking clearly. And clean, healthy-looking teeth help children look better and feel better about themselves.

With all the medical, nutritional, and emotional needs of children with disabilities, it's hard to find time for proper daily oral care. And getting the child to the dental office can be difficult, too. But preventing cavities and gum disease now is easier than correcting them later. Preventive care can save unnecessary pain for the child plus reduce costly dental procedures.

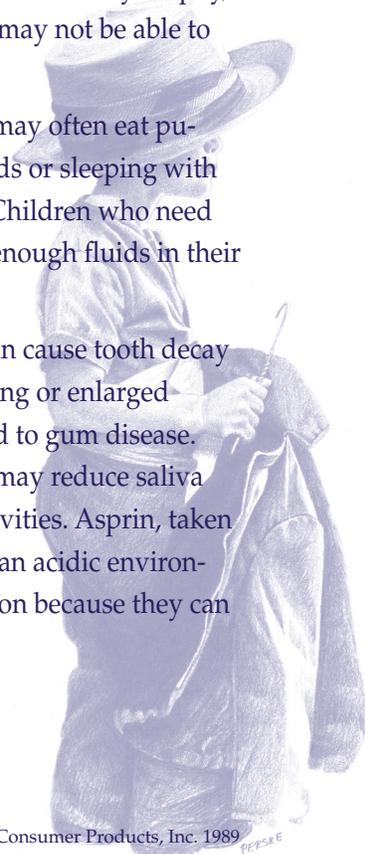
There are a number of reasons why children with disabilities are more likely to have dental disease.

Oral conditions Some genetic disorders or very high fevers in very young children can cause defects in tooth enamel that make the tooth more likely to decay. Congenitally missing teeth and misaligned teeth are frequently seen in children with cleft palates. Gum problems often occur in children with Down Syndrome.

Physical limitations Children who can't chew or move their tongues properly do not have natural cleaning action of the tongue, cheek, and lip muscles. Children with disabilities, especially those with poor motor coordination – from spinal cord injuries, muscular dystrophy, or cerebral palsy, for example – may not be able to clean their own teeth or may not be able to use the usual brushing and flossing methods.

Special diets Children who have difficulty chewing and swallowing may often eat pureed foods, which tend to stick to their teeth. Frequent eating of sugary foods or sleeping with a bottle of formula, milk, or juice can increase the chances for tooth decay. Children who need help drinking may drink less fluid than other children, so they don't have enough fluids in their mouth to help wash away food particles.

Medications Medications using syrup or sugar to sweeten the taste can cause tooth decay if they're taken for a long time. Some seizure medications may cause bleeding or enlarged gums, and excessive gum growth can hamper chewing and speech and lead to gum disease. Sedatives, barbiturates, antihistamines, and drugs used for muscle control may reduce saliva flow. With less saliva, there's less cleansing action to help protect against cavities. Aspirin, taken in large doses, and dissolved in the mouth before swallowing, can provide an acidic environment which fosters decay. Some antibiotics should be prescribed with caution because they can stain or discolor newly erupting teeth.



DAILY ORAL CARE

It's important to prevent dental problems before they start. That means cleaning the teeth at home every day. Daily brushing and flossing remove plaque, the primary cause of tooth decay and gum disease. Plaque is a sticky, colorless film of bacteria that constantly forms on the teeth. When food particles, especially from sugary foods, stick to the teeth, the bacteria use the food and produce acids, which cause cavities. If plaque is not removed every day, it can lead to gum disease; and gum disease, if left untreated, can lead to tooth loss – all of which could be painful for the child.

MAKE ORAL CARE EASIER FOR THE CHILD . . . AND YOU

Daily oral care should be a pleasant experience as well as a necessary one. Even if the child can't brush and floss properly, letting the child play at cleaning a little when you're finished can add to the fun.

Children should clean their own teeth, if possible. You can explain why daily brushing and flossing are important and show them how to do it. By placing your hand over the child's hand, you can guide the child through the steps. However, you will have to do the cleaning if the child is unable to do it. Here are some things that will make it easier for you both.

WHERE SHOULD YOU DO IT?

Use any well-lit room that's convenient. If the child is in a wheelchair, the kitchen might be ideal. If the child is in bed, that's okay, too. Have the child sit up. Then let the child sip water from a glass through a straw and rinse out in a basin. The best place is where the child is most comfortable, or where you're able to give the best care.

COMMON PEDIATRIC DENTAL PROBLEMS

- 1. Dark (blackish-bluish) front primary tooth:** May indicate a change in the vitality of the nerve in the tooth, usually due to a past history of trauma to the tooth. Your dentist should be consulted.
- 2. Facial or gum swelling:** Most often indicates an abscessed tooth. Usually caused by a deep cavity or occasionally by a past history of trauma with subsequent nerve damage. In primary teeth the usual treatment is extraction; in permanent teeth, tooth pulp therapy is rendered. Your dentist should be consulted immediately to help prevent the spread of infection.
- 3. Cavities:** Dental decay must be treated in primary teeth as well as in permanent teeth.
- 4. Over-retained primary teeth:** A baby tooth still in position with a permanent tooth trying to come into the same space is over-retained. Immediate removal of the primary tooth is indicated. This most commonly occurs in the lower front teeth and sometimes with the upper front teeth. When the child is older (7 – 13) it can occur in the molar and cuspid region. The presence of baby teeth in the middle teenage years indicates a potential problem such as a congenitally absent permanent tooth, or an impacted permanent tooth. Regular dental care will allow the dentist to monitor this situation.

5. Primary tooth accidentally knocked out of the mouth: Leave the tooth out and seek care immediately. And bring the tooth to show the dentist. If the tooth is intruded (pushed up) due to an injury, it can often be left to re-erupt but it must be carefully monitored.

6. Vague pain in gums: Check for canker sores. These are very common in children and can occur in any soft tissue area. Medication can be given to relieve pain. Avoiding hot and spicy foods and drinks will diminish discomfort.

7. Fractured permanent incisors from trauma: If there is no nerve exposure, the tooth can be restored with a bonded technique. Generally, on younger children, the sooner the treatment, the better.

8. Wisdom teeth: Occasionally the third molars (wisdom teeth) will cause pain during their eruption. An infection called pericoronitis may occur when the tooth is not fully erupted. If swelling arises, immediate care is necessary to prevent the spread of infection.

9. Bruxism: Bruxism (grinding or gnashing of teeth) is seen more frequently in children with disabilities. Bruxism usually occurs at night during sleep, but can be demonstrated throughout the day. This habit, continued consciously or unconsciously over a period of time, can result in tooth abrasion and loss of tooth structure. In permanent teeth, bruxism can lead to periodontal disease (bone loss) and/or a TMJ disorder (headaches, facial pain, etc.).

Bruxism can be diagnosed at a routine dental visit. Treatment may include bite adjustments, or a bite guard appliance. Sometimes no treatment is necessary. Often the habit is outgrown.

References: 1. Johnson R. *Traumatic Dental Injuries in Children, Part 1; Evaluation of Traumatic Dental Injuries and Treatment of Injuries to Primary Teeth*. Vol. 2. Yardley, PA; Porfessional Audience Communication Inc. 2. McDonald R. *Dentistry for the Child and Adolescent*. 2nd ed. CV Mosby Co; 1974. 3. Braham R, Morris M. *Textbook of Pediatric Dentistry*. Baltimore and London: Williams and Wilkins; 1989 4. Stewart R, Barber T, TroutmanK, Wei S. *Scientific Foundations and Clinical Practice*. CV Mosby Co; 1982. 5. Nowak A. *Dentistry for the Handicapped Patient*. CV Mosby Co; 1986.

GROWTH AND DEVELOPMENT CHECKLIST

1. Try to prevent thumb-sucking, finger-sucking, or pacifier habits which may cause future malocclusions, because the child may not be amenable to orthodontic care.
2. Keep an infant's gums clean to help reduce teething discomfort. Use a gauze wipe or wash-cloth.
3. An early initial dental exam can be most important to check for proper growth and development and the possibility of dental decay. It will also help to mold the child's behavior by providing a positive initial experience.
4. Be aware of "nursing bottle mouth." Do not put the child to bed for a nap or a night's sleep with a bottle of sweetened liquid in its mouth (e.g. milk, formula, or fruit juices). When the child is sleeping, a decrease in salivary flow allows the sugary liquid to remain in the child's mouth for a long time, causing tooth decay. Breast-feeding over a long period of time can cause a similar problem.
5. Note that some liquid medications contain from 30% to 50% sucrose; examples are those used for heart disease, seizures, or recurrent infections. These sugar-laden oral medications are most often given before nap time or bedtime when salivary flow is diminished and will not wash away the liquids. Give the doses of medication when the child is awake, and have the child rinse thoroughly immediately after a dose. Be sure to inform your dentist of the medications the child is taking, and the frequency and time of the dosages prescribed. Request sugar-free medication from your pharmacist.
6. There is a wide range of timetables for eruption of primary and permanent teeth. Frequent dental care (at least semiannually) can help to insure proper guidance of developing teeth and, if necessary, early interception of future malocclusions (bite abnormalities).
7. If the child's primary (first) tooth has not fallen out, and the permanent tooth is erupting, seek care as soon as possible. Prompt removal of the primary tooth can prevent a crossbite or other orthodontic problems that may not be amenable to treatment because of the child's special needs.
8. If tooth crowding is present, an early orthodontic consultation is advisable. There are certain procedures that may be accomplished to limit or possibly avoid extensive orthodontic treatment.

References: 1. Stewart R, Barber T, Troutman K, Wei S. *Scientific Foundations and Clinical Practice*. CV Mosby Co; 1982. 2. Howard J. *On the Matter of Teething*. Boston University School of Graduate Dentistry thesis; 1976. 3. McDonald R. *Dentistry for the Child and Adolescent*. 2nd ed. CV Mosby Co; 1974. 4. Wright G. *Behavior Management in Dentistry for Children*. WB Saunders Co; 1975. 5. Braham R, Morris M. *Textbook of Pediatric Dentistry*. Baltimore and London: Williams and Wilkins; 1989.

Adults can have a dry mouth condition called xerostomia. People with this condition have less saliva to dilute the acids that wash over the smooth surfaces of the teeth. With less saliva available, there tends to be more decay, especially along the gumline. Medical coupons in Washington state provide coverage of fluoride for people with xerostomia. The lack of saliva can be caused by any of the following:

- Radiation treatments, especially for head and neck cancer
- Cancer fighting drugs
- Medication for allergies or intestinal problems
- The aging process

CARE AND CLEANING OF DENTURES OR PARTIAL DENTURES

Care and cleaning of dentures or partial dentures is a very important part of an oral hygiene program. Some benefits of cleaning the dentures at least once per day are:

- Healthy gum tissue and supporting bone
- Prevention of denture sores
- Reduction of mouth odors/bad breath
- A pleasant appearance!

The denture or partial must be removed to be cleaned. The denture wearer should remove it if possible, but if they cannot, then another person should remove the denture as follows:

- Remove the lower denture first by carefully lifting the front part of the denture out of the mouth.
- Remove the upper denture by grasping the front with the thumb and index finger. Pull down gently until the seal is broken. If the denture cannot be removed easily with this method, then have the person puff out their cheeks and blow until the seal is broken.

The denture or partial should be removed and left out of the mouth at night. It should be stored in water or in a cleaning solution when not in the mouth. There are many types of denture cleaners, some commercial and some "homemade." Follow the directions for commercial cleaners as written on the package.

Not just anything should be used to clean dentures.



Two “homemade” recipes that are acceptable are:

- **Hypochloride Solution**
Mix: 1 tablespoon bleach, 1 tablespoon Calgon, & 1 tablespoon water.
Soak for 10-15 minutes
Warning: Do not use this on chrome or on a soft denture relined material.
- **White Household Vinegar**
Mix: 1 teaspoon white vinegar & 1 cup of warm water.

Soak the denture overnight for complete cleaning. Brush and rinse it thoroughly before putting it back in the mouth. When brushing the denture, hold it over the bathroom sink (lined with a paper towel and partially filled with water). Be sure to hold it securely in the palm of the hand while brushing all areas of the denture with a tooth or denture brush.

When done, rinse thoroughly.

While the denture or partial is out of the mouth, the gum tissue should be brushed with a small soft toothbrush. If a sore is ever noticed on the gum tissue or the person complains of one, the denture should be taken out of the mouth and left out for two to three days. If the sore does not clear up in this amount of time, contact the person’s dentist.

DEFINITION OF TERMS

Gingivitis Inflamed gum tissue that will appear red, puffy and bleed easily. The plaque that causes gingivitis can be removed with a brush and floss.

Periodontal Disease Plaque that has been allowed to remain too long will harden into calculus (tartar). Prolonged inflammation of the tissue and accumulation of calculus will contribute to bone loss and gum recession.

Plaque A sticky invisible film composed of bacteria, sugars and saliva. Plaque ingests sugars and excretes acids that can cause tooth decay and gum disease and contribute to bad breath.

Recession This is a gradual pulling away of the gum tissue from the tooth caused by either tissue inflammation over a long period of time or from trauma by a toothbrush. Using a hard brush or vigorous, incorrect brushing technique can cause toothbrush trauma.

Toothbrush The brush should have soft polished bristles, a small head, and a handle with a good grip.

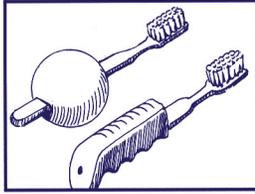
ADAPTIVE AIDS

These can be helpful for people who have poor grasp, lack of finger or arm movement, and/or the use of only one arm or hand.

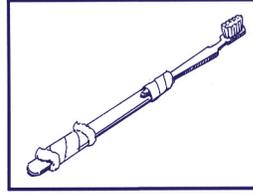
ADAPT A TOOTHBRUSH



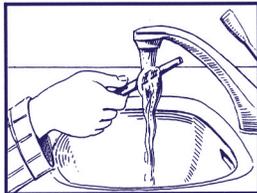
Attach brush to persons hand with wide elastic band.



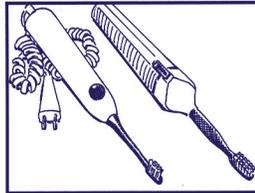
For people with limited grasp, enlarge brush handle with sponge, rubber ball, or bicycle handle grip.



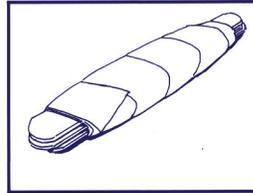
For people who can't raise their hand or arm, lengthen brush handle with ruler, tongue depressor, or long wooden spoon



Bend brush handle by running hot water over handle (not head) of brush



For individuals who can't manipulate a regular toothbrush, an electric toothbrush may enable them to do it themselves.



If a person can't keep mouth open, use mouth prop - for example, three or four tongue depressors taped together, a rolled-up moistened washcloth, or a rubber doorstop.





Division of Developmental Disabilities
in collaboration with
Medical Assistance Administration